

**APPLICATION FOR NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION
FH-02-04 26 OCT 2003**

IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 1500 EST (3:00 PM EST) ON OR BEFORE 17 NOV 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

Naval Medical Logistics Command
Acquisition Management Department
1681 Nelson Street, Attn: Code 02-22F
Fort Detrick, Frederick, MD 21702-5015

E-MAIL: acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: CODE 22H

Ph: 301-619-2138

A. NOTICE. This position is set aside for a part-time Vascular Technologist. Applications from companies or corporations will not be considered. Applications from active duty Navy personnel who will be leaving Naval service, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will be considered.

B. POSITION SYNOPSIS

1. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein; and (2) competitively win this contract awards.

2. You shall serve as a Vascular Technologist, providing care and services to inpatients and outpatients for the Vascular Surgery division in the General Surgery department located in the Naval Medical Center Portsmouth, VA.

3. You shall normally provide services Monday through Friday between the hours of 0645 to 1800 (6:45am to 6:00pm) for a 4.5-hour shift. The healthcare worker's specific duty hours will be scheduled by the Director of Vascular Laboratory or his/her authorized representative and will vary based upon workload. The healthcare worker shall receive an uncompensated 30-minute meal break and the healthcare worker's shift shall not exceed 20 hours per one-week period.

4. You shall not be required to provide services on the following 10 Federal holidays: New Year's Day, Martin Luther King's Birthday, Presidents Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. When required, to ensure completion of services that extend beyond the normal close of business, you shall remain on duty in excess of the scheduled shift. You shall be given an equal amount of compensatory time to be scheduled upon mutual agreement of you and the Commanding Officer. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties as a Vascular Technologist.

5. You shall accrue 5 hours of paid leave (i.e. vacation and sick leave) per 40 hours worked or in an approved leave status. You shall be fully compensated for these periods of authorized leave.

6. This position is for a period beginning from the start date (a date agreed upon by the successful applicant and the Government) through 30 September of the same year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of “Commander” means Commanding Officer, Naval Medical Center, Portsmouth, VA, or designated representative, e.g., Technical Liaison, Department Head, or his/her authorized representative.

B. THE VASCULAR TECHNOLOGIST AS A PERSONAL SERVANT. The services you are providing under this contract shall be rendered as personal services for the Navy, performing an agency function by providing direct medical care required by the Navy for its health care beneficiaries. Prior to performance of services, you shall submit to the technical liaison credentialing documents as required. Your activities shall be subject to day-to-day supervision and control by Navy personnel in a manner comparable to the supervision and control exercised over Navy uniformed and civil service personnel engaged in comparable work. The term “supervision and control” is defined as that process by which you receive technical guidance, direction and approval with regard to an element of work or a series of tasks within the requirements of this contract. It is the intent of the parties that these personal service contracts create an employer-employee relationship between you and the Navy. Accordingly, personal injury claims alleging negligence by you within the scope of your performance of this contract shall be processed as claims alleging negligence by DOD military or civil service employees. **You are not required to maintain medical liability insurance.**

C. DUTIES AND RESPONSIBILITIES. You shall perform a full range of Vascular Technologist services for inpatients and outpatients in support of the Vascular Division, Department of General Surgery, using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Perform direct noninvasive vascular diagnostic studies such as carotid duplex, upper and lower arterial and venous duplex, renal artery, SMA, celiac artery and portal hepatic duplex.
2. Perform physiologic noninvasive vascular diagnostic studies such as upper and lower extremity arterial pulse volume recording (PVR), segmental pressures, continuous wave Doppler, arterial and venous photoplethysmography (PPG) and treadmill exercise testing.
3. Operate noninvasive vascular diagnostic equipment such as duplex imager, treadmill, PVR, continuous wave Doppler and PPG.
4. Educate patients with peripheral vascular disease to promote health and avoid complication of their disease process.
5. Assist the vascular nurses in the triage, scheduling and follow-up examinations of patients in the Vascular Surgery division, as well as, patients referred for diagnostic studies from other divisions, outpatient clinics and inpatients of the NMCP.
6. Provide training for the corps staff of the Department of Surgery and other hospital departments in the use of basic noninvasive vascular equipment.
7. Participate in research projects of the Division of Vascular Surgery to improve the diagnosis and care of the patients with vascular disease.
8. Maintain the diagnostic equipment of the Noninvasive Vascular Laboratory, ensuring appropriate maintenance scheduling and ordering of consumable supplies.
9. Participate in the ongoing quality assurance program of the Vascular Laboratory to maintain standards of accuracy.

10. Demonstrate knowledge in all aspects of noninvasive vascular testing: test purpose and definition, anatomy and physiology, pathology involved, test procedure, instrumentation and test interpretation and communicate all findings both orally and in writing to health care providers.
11. Demonstrate knowledge of Doppler and vascular physics and hemodynamics of arterial and venous systems in normal and abnormal patients.
12. Demonstrate knowledge of physics and hemodynamics in the development and acquisition of new diagnostic technology.
13. Demonstrate knowledge of computerized data retrieval systems for patient scheduling, organization of laboratory results and quality assurance programs.
14. Maintain a supply inventory, arrange for appropriate and regularly scheduled maintenance of complex diagnostic equipment and arrange for repair or replacement of broken vascular laboratory equipment.
15. Orient physicians, nurses, corps staff and students in the health care disciplines to the scope of diagnostic procedures, treatment, and health care interventions for patients with vascular disease.
16. Participate in the evaluation of diagnostic equipment and supplies used in the care of patients with vascular disease.
17. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
18. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
19. Participate in peer review and performance improvement activities.
20. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.
21. Maintain an awareness of responsibility and accountability for own professional practice.
22. Participate in continuing education to meet own professional growth.
23. Participate in the provision of in-service training to clinic staff members.
24. Attend annual renewal of hospital provided annual training such as family advocacy, disaster training, infection control, sexual harassment, and bloodborne pathogens.
25. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Have graduated from a training program in vascular technology or cardiovascular technology that has been accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Canadian Medical Association (CMA).
2. Have a minimum of 12 months full time (at least 35 hours/week) clinical vascular testing experience within the last 36 months. In addition, you shall have one of the following:
 - a. Completion of a formal two-year program or equivalent in another allied health profession; or,

- b. Completion of a bachelor's degree unrelated to vascular technology; or,
 - c. Have at least 600 noninvasive vascular examinations under the supervision of medical and technical staff that meet the above criteria. The noninvasive vascular examinations performed by these technical staff members must be appropriately distributed among the testing areas within the laboratory.
- 3. Possess and maintain current certification in Basic Life Support (BLS).
 - 4. Be eligible for U.S. employment.
 - 5. Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.
 - 6. Represent an acceptable malpractice risk to the Navy.
 - 7. Submit a fair and reasonable price, which has been accepted by the Government.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Sheet," Letters of Recommendation and the DD 214 (if you possess prior military services) shall be used to evaluate these items.

- 1. Applicants who possess, who are eligible for, or are working towards, a Certification as a Registered Vascular Technologist (RVT).
- 2. Quantity and quality of experience to perform the duties as specified herein.
- 3. Letters of recommendation required in item D.5, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
- 4. Total Continuing Medical Education (CME) hours.
- 5. Experience in a DOD medical facility.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

- 1. _____ Two copies of a completed, "Personal Qualifications Sheet" (Attachment 1)
- 2. _____ A completed Pricing Sheet (Attachment 2)
- 3. _____ Two copies of employment eligibility documentation (Attachment 3)
- 4. _____ A completed CCR Application Confirmation Sheet (Attachment 4)
- 5. _____ A completed Small Business Program Representations Form (Attachment 5)
- 6. _____ Two letters of recommendation per paragraph D. 5. above.

G. OTHER INFORMATION FOR OFFERORS.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and

other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

As of June 30, 1998, all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. Please see Attachment 4 for additional information. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the RP. Any contractor who is not registered in CCR will NOT get paid. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>.

A complete, sample contract is available upon request.

Any questions must be directed to Mr. Fred Hoffman, who may be reached at (301) 619-2138 or via e-mail fahoffman@nmlc.med.navy.mil.

We look forward to receiving your application.

Attachment 001

PERSONAL QUALIFICATIONS SHEET – VASCULAR TECHNOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section D of the solicitation. **In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VIII of this Sheet.**
3. After contract award, all of the information you provide will be verified. At that time, you will be required to provide the following documentation verifying your qualifications: Education/Degree, Release of Information, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Additional Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges as appropriate.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

I. General Information

Name: _____ SSN: _____ Date of Birth: _____
Last First Middle

Address: _____

Phone: (____) _____

Medical Information**YES NO**

1. Do you have any physical or mental impairment that could limit your clinical abilities?

2. Have you been hospitalized for any reason during the past 5 years?

3. Are you currently receiving or have you ever received formal mental health therapy or treatment?

4. Are you currently receiving, or have you in the past ever received, treatment or therapy for any alcohol or drug-related condition?

5. Have you ever been unlawfully involved in the use of controlled substances?

II. Education**A. Graduation from a training program in Vascular Technology or Cardiovascular Technology (Section D, Item 1):**

a. Name of Accredited School:

Date of Training
(From) (To)

b. Location and Address of School:

--[Complete B or C, as applicable]--

B. Other Formal Educational (Section D, Item 2):

a. Name of School:

Date of Training
(From) (To)

b. Type of Degree: _____

c. Location and Address of School:

C. Completion of a minimum of 600 noninvasive vascular examinations (Section D, Item 2):

- a. Name/Address of Facility: _____ Date(s) of Training
 _____ (From) (To)

- b. Numbers of examinations: _____
- c. Name of Point of Contact for Verification: _____
 Address: _____
 Phone: _____

III. Certification As A Registered Vascular Technologist (RVT) (Factor for Award):

_____ **Date of Certification (mm/dd/yy)**

IV. Medical Certification: This should include BLS, ACLS, PALS, etc. (Section D, Item 3).

_____ Certificate Date of Certification or Expiration: _____ (mm/yy)
 _____ Certificate Date of Certification or Expiration: _____ (mm/yy)

V. Professional Employment (Section D, Item 2 and Factor for Award): List your current and preceding employers. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____		

	<u>From</u>	<u>To</u>
(2) _____		

	<u>From</u>	<u>To</u>
(3) _____		

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?

When does the contract expire? _____

VI. Continuing Education (Factor for Award):

Title of Course	From	To	CE Hours

VII. Employment Eligibility (Section D, Item 4):**Yes No**

Do you meet the requirements for U.S. Employment Eligibility?

VIII. Professional References (Section D, Item 5)

Provide two letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.

IX. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. Factors to be Used in a Contract Award Decision, such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

X. I hereby certify the above information to be true and accurate:

_____ (mm/dd/yy)

ATTACHMENT 002

PRICING SHEET
PERIOD OF PERFORMANCE

Services are required from 1 April 2004 through 30 September 2004. Four option periods will be included which will extend services through 31 March 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION:

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Certified Nurse Midwives in the Portsmouth, VA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of one part-time Vascular Technologist at the Naval Medical Center, Portsmouth, VA in accordance with this application and the resulting contract.				
0001AA	Base Period; 1 Apr 04 thru 30 Sep 04	524	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	1044	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	1040	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	1040	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	1048	Hour	_____	_____
0001AE	Option Period V; 1 Oct 08 thru 31 Mar 09	520	Hour	_____	_____
TOTAL CONTRACT					_____

Printed Name _____

Signature _____ Date _____

ATTACHMENT 003

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS 1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

- | | |
|---|--|
| 6. Military dependant's ID Card | 4. Native American Tribal document |
| 7. U.S. Coast Guard Merchant Mariner Card | 5. U.S. Citizen ID Card (INS Form I-197) |
| 8. Native American tribal document | 6. ID Card for use of Resident Citizen in the United States (INS Form I-179) |
| 9. Driver's license issued by a Canadian government authority | 7. Unexpired employment authorization document issued by the INS (other than those listed under List a). |
- For persons under age 18 who are unable to present a document listed above;
10. School record or report card
 11. Clinic, doctor, or hospital record
 12. Day-care or nursery school record

ATTACHMENT 004

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-3124 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22F
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 005

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below.

NOTE: This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.

☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

☐ Black American.

☐ Hispanic American.

☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).